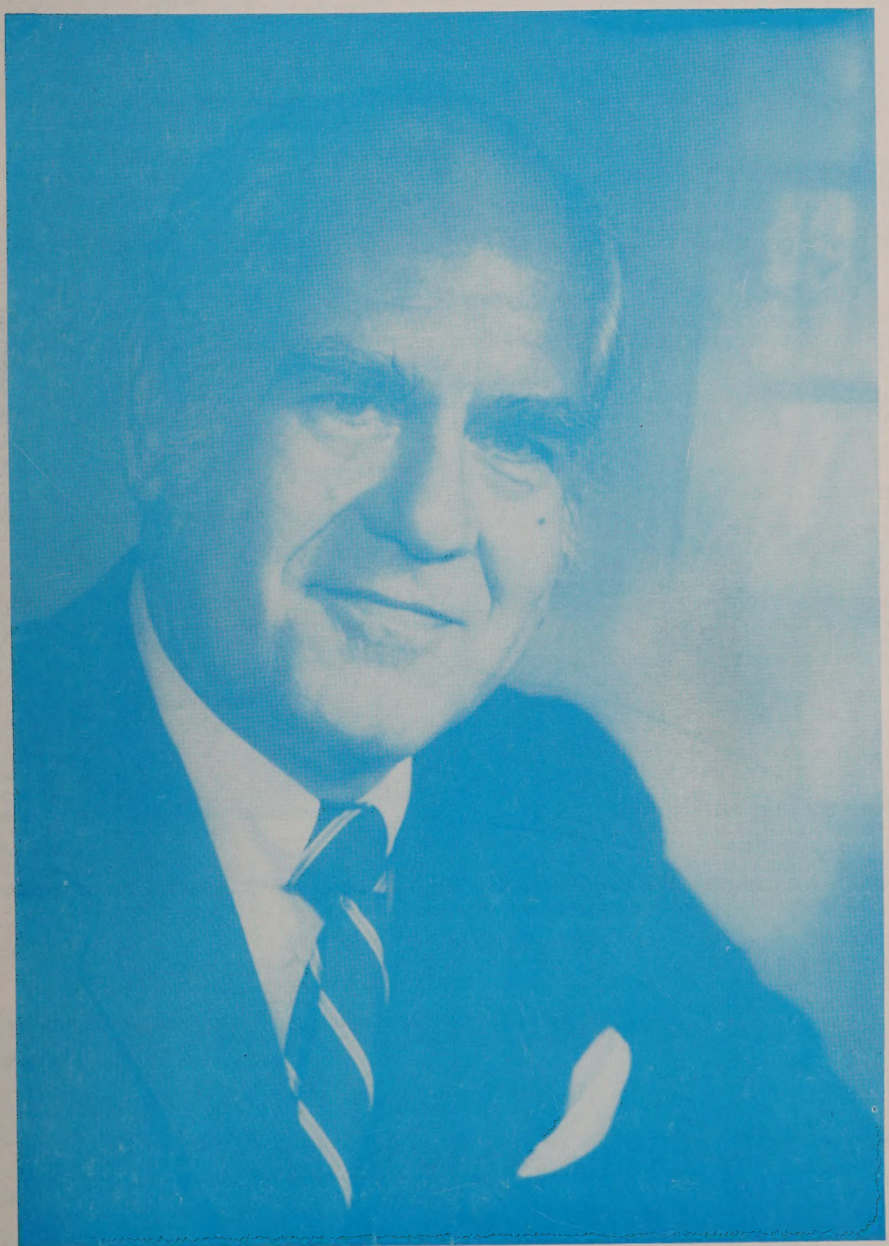
The Hampden Hippocrat

SEPTEMBER
1973



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VOL. XXIX, NO. 7 SEPTEMBER 1973

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The official bulletin
for The Hampden District
of The Massachusetts
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William A. R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT is published monthly except for July and August.

The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

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Your President's Page

Setrag A. Zacarian, M.D.

S. A. Zacarian, M.D.

Your President's Page

Another summer has passed and as we turn to fall, with renewed strength, for the coming year, allow me to reflect upon the program of your society. On September 25th, Dr. Bently P. Colcock, President of The Massachusetts Medical Society will address our first meeting. The last week of November we hope to have U.S. Senator Wallace F. Bennett, to discuss his amendment and the significance for the establishment of *Foundations* and *PSRO*. The meeting will be opened to the membership of the Hampshire, Franklin and Berkshire Medical Societies. February 5th our invited guest will be Dr. Russell Roth, President of the AMA. Our annual meeting will be April 30th, wherein we will close our formal year, elect new officers, and pay tribute to our local news media for their adept coverage and keen concern of our immediate Medical community problems.

Mark these dates in your calendar *now;* we need each and every one of you to come to these meetings. Enjoy the comradeship, but equally important, contribute your in-put, your thoughts and your areas of disagreements. I want this year not only to be the most informative and educational to each of us, but more significantly, I welcome your expressions, your ideas for mutual dialogue.

Our membership numbers 540, yet, at district meetings, no more than 150 attend, a small fraction of our total membership. We are all concerned with the future of medicine; the preservation of the time-honored, doctor-patient relationship. We *can* do this collectively and by working together.

I must confess, that in the past, I too was guilty of espousing the thought that it is all too late; the state and federal legislators, will in due course of time, engulf the practice of medicine. You *are* wrong. It is still within our grasp. We are 350,000 strong across this nation. Our daily response and impact with patients across this country will carry our genuine theme; that we *are concerned* with patient care, quality care and cost of medicine. The Foundation movement is our last stand for the ideological expression of our concern. I ask for your support and plead for your attendance and participation at our district meetings.

S. A. Zacarian, M.D.

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NEXT MEETING
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HAMPDEN DISTRICT MEDICAL SOCIETY

TIME: Tuesday, September 25, 1973
Business Meeting at 6:00 P.M., followed by
Social Hour at 7:00 P.M.
* Dinner at 7:30 P.M.

PLACE: STCC Medical Sciences Bldg.
Armory Square, Springfield

AGENDA: The Society's Business
Mr. Garvey, President STCC
Dr. Colcock, President MMS

YOUR PRESENCE AND SUPPORT
IS URGENTLY REQUESTED

Walton E. Stevens, M.D., Secretary, HDMS

Walton E. Stevens M.D.

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A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

from RUSSELL B. ROTH, M.D.
PRESIDENT, AMERICAN MEDICAL ASSOCIATION

The practicing physician, completely absorbed in doing for people those things he learned to do in medical school, is likely to run into a series of frustrations. He may well find that the relatively uncomplicated direct physician-patient relationship is a thing of the past. If the patient is insured he must report his findings and treatment to an insurance company which will make its own determination of how much it will pay for the services rendered. If the patient is on Medicare there will be deductibles and coinsurance to cope with as well as computer determinations of what may be defined as a "usual" fee. Title XIX Medicaid patients need evidences of entitlement, and a different set of payment regulations may apply. If he wishes to hospitalize a patient there are "standards" to be met for pre-admission certification, and "norms" will be applied to the length of stay and type of treatment. His relationship to the hospitalized patient may be lost if the hospital is a teaching institution. The hospital credentials committee decides what he may and may not do in exercising his professional talents. His fees for service are likely to be frozen, but his costs of doing business are not. He may learn that a medication he has found to be safe and effective has been removed from the market by the FDA. He is cautioned on all hands that patients must be fully informed of all possible complications and risks inherent in any treatment given. His professional liability rates increase without reference to the fact that he has never been sued.

He may also be disturbed to learn that a government subsidized Health Maintenance Organization is busily signing up families in his vicinity for comprehensive care. He may still get a scattering of night and week-end calls from some of his old patients when they do not find the HMO responsive or the services convenient.

Under these circumstances the physician may feel a bit put-upon. He may turn to his local and state medical society, or to the AMA for help. Failing any fast action there he may sign up with one of the several crusading right-wing protest groups. When this produces little but a flood of literature and some vocal meetings, he may join a Union. He then has a new set of dues to pay and he finds himself playing a different kind of game in a new ball park. The rules aren't very clearly defined. Joint decisions need to be made on what the issues are, who they may be negotiated with, who will do the negotiating, what the demands are, and how the Union will exert its muscle if the demands are turned down. Assuming that some sort of negotiated settlement is reached he will find that he is then compelled to abide by that decision, whatever it may be. On the other hand, it seems reasonable to assume that not very much is likely to be accomplished by the Union either.

At this point he may come back to the medical society as having a bit more breadth, and he may also stop to reflect that his salvation, if indeed there is any, may lie with Congress and his state legislature. He may begin to see that medical societies and Medical Political Action Committees—State PACs and AMPAC—really have the most effective handles on the problem. If he will really go to work in an evangelistic way in support of his medical society and his PAC he may find that indeed there is yet some help to be had.

SPRINGFIELD ACADEMY OF MEDICINE

PROGRAM 1973 — 1974

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September 11, 1973
HOWARD M. SPIRO, M.D.
Professor of Medicine
Chief of Gastroenterology
Yale University School of Medicine
"INFLAMMATORY BOWEL DISEASE - 1973"
CLINIC: Providence Hospital

October 9, 1973
EMIL A. NACLERIO, M.D.
Attending Thoracic Surgeon
Department of Surgery
Harlem Hospital Center
"ACUTE THORACIC INJURIES, THEIR PHYSIOLOGY AND TREATMENT"
CLINIC: To be announced.

November 13, 1973
STANLEY M. LEVENSON, M.D.
Professor of Surgery
Albert Einstein College of Medicine
"SOME ASPECTS OF THE NUTRITIONAL CARE OF SERIOUSLY ILL OR INJURED PATIENTS"
CLINIC: Wesson Memorial Hospital

December Meeting
Joint meeting with the Hampden District Medical Society
Date to be announced

January 8, 1974
Y. EDWARD HSIA, M.D.
Associate Professor of Human Genetics and Pediatrics
Yale University School of Medicine
"CHOOSING MY CHILDREN'S GENES!"
CLINIC: Wesson Women's Hospital

February 12, 1974
ELDRED D. MUNDTH, M.D.
Associate Professor of Surgery
Harvard Medical School
"CURRENT STATUS OF CORONARY SURGERY"
CLINIC: Holyoke Hospital

March 12, 1974
PHILIP FELIG, M.D.
Department of Medicine
Yale University School of Medicine
"COMPLICATIONS OF DIABETES MELLITUS"
CLINIC: Providence Hospital

April 9, 1974
RICHARD P. SPENCER, M.D.
Professor Nuclear Medicine
Yale University School of Medicine
"STUDIES OF THE SPLEEN"
NO CLINIC

May 14, 1974
ANNUAL MEETING — ELECTION OF OFFICERS
PROGRAM TO BE ANNOUNCED.
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A Message from the Executive Councilor to the Massachusetts Medical Society

to the Membership of the Hampden District Medical Society

The Centralization of Power

As an introduction to this article, it is pertinent to have a basic understanding of the organizational operation of the one and only medical society in the Commonwealth, The Massachusetts Medical Society, Inc., with approximately 7,800 active and senior resident members. Composed of various constituent district societies, such as Hampden, it is governed by a council similar to a representative town meeting. Only votes by members of the council have any significance in the proceedings of the MMS, rather than governing by consensus, which might result in a cumbersome, inefficient organization.

Each district is allowed to elect 6 councilors and then may elect an additional councilor for each 25 members in excess of 150. Norfolk district is the largest with 56 councilors and Hampden is 5th with 25 councilors. Worcester North district is the smallest. In addition to the elected councilors, district presidents, district secretaries, chairmen of standing committees, and officers of the Society make up the Council. A quorum is 50. Unlike the relaxed atmosphere of a district meeting, these 390 or so physicians meet within the confines of parliamentary rules. There are three regular meetings a year, using a previously-circulated agenda to transact the business of the Society, which has largely been developed in committee. There are 23 "standing" committees and a varying number of "special" committees, usually about 27. The Executive Committee, being a separate entity composed of the officers of the Society and an elected councilor from each district, has various duties, but chiefly to make recommendations on committee reports and resolutions, including those from district societies and individual physicians, prior to their presentation to the Council. In brief, it is an advisory committee.

Oddly enough, only 5 of the 23 "standing" committees have representative councilors elected by each of the districts; i.e., Legislative, Nominations, Public Relations, Tax-Supported Medical Care, and Area Health Planning. However, the Committee on Medical Education is of such importance that district representation should also be mandated by the bylaws. This committee has been charged by the Council to set the "standards of continuing education." In addition, the proposed bylaws would make adherence to these "standards" a requirement for continued membership in the Society. This committee is now composed of 8 physicians and, thus, 5 physicians constitute a quorum and have an awesome responsibility.

This brings me to the major topic of this article. A complete revision of our bylaws was presented to the Council in May and becomes official business of the Council meeting in October. The Committee on Bylaws and Council Rules has worked long and hard to revamp and modernize the rules by which Massachusetts physicians shall govern themselves. These agreements or bylaws exist to provide for a smooth and efficient organization and are binding upon all members of the Society. They supersede the bylaws of the district societies. Therefore, may I suggest that you obtain a copy of the "Proposed Revision of the Bylaws" from Mr. Everett Spencer, the Executive Secretary, at MMS headquarters, 22 The Fenway, Boston, MA 02215.

One startling change is the creation of a Board of Trustees consisting of eleven members, of whom eight are elected by the Council, the President, the Vice-President, and the President-elect. They are to have four regular meetings a year which,

unlike the Council, will allow them to remove business from the "table" which was put there at a previous meeting. This alone gives a clue of things to come.

The general powers and duties of the Trustees shall be the management of the property and financial affairs of the Society and for implementation of all directives of the Council that are not specifically delegated elsewhere. They have the authority to delay the expenditure of funds voted by the Council and it takes a two-thirds vote of the Council to override this action at its next meeting which may be five months away. In other words, this Board can vote by a simple majority to override the Council, a representative body of your colleagues, and it takes a two-thirds vote to reverse their action. This is power.

More specifically, they elect two officers of the Society: a Secretary-Treasurer and an Assistant Secretary-Treasurer; they will prepare and present the annual budget to the Council, thereby replacing the Committee on Finance; they shall recommend to the Council the annual dues; they shall approve investments of the Society's funds; they shall be responsible for activities of the Society in the areas of legislation and in public relations. As stated above, the Council now has a Committee on Legislation and a Committee on Public Relations, which are elected by the district societies. These committees would, under the proposed bylaws, report to and be subservient to the Board of Trustees. Having had considerable experience in legislation I believe that this would be a detriment to the Society and further dilute the effective voice of the physicians at the district level.

Although this Board of Trustees has extensive powers never before exercised by so few in the Society, it lacks representation from each district, requires only a simple majority of six to constitute a quorum, and can, under certain circumstances, convene a meeting on the spot. In other words, six Trustees could get together, decide to have an official meeting of the Board, and so do right then and there. To those of you who feel that the MMS is presently too far removed from the practicing physician either in fact or by lack of communication, the creation of a Board of Trustees is ominous.

The proposed bylaws would abolish the Committees on Administration, Area Health Planning, Society Headquarters, and Finance, and their functions would be absorbed by the Board of Trustees. Some committees would be integrated, which makes sense, but one wonders if the Committee on Foundations shouldn't also become a "standing" committee at this important time in our socioeconomic affairs.

As your Executive Councilor from Hampden, I would like to go on record as being opposed, first, to the creation of a Board of Trustees and, second, to the mandatory requirement that members meet the standards on continuing education set by a committee of 8. Instead, I suggest that the Executive Committee continue to be the effective and representative advisors to the Society. The problem of continuing education should be approached constructively through reward by recognition rather than destructively by expulsion. Further, the Committee on Education

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should be elected at the district level rather than appointed by the President-elect.

Incumbent committee chairmen may continue on and on even though they have passed their prime. A President-elect is understandably reluctant to replace them; however, the vitality of the Society as a whole might benefit from the different verve and direction of new chairmen. Therefore, I propose that the President-elect present nominations for chairmanship of the standing committees to the Executive Committee, who will then advise and consent.

There has been an on-going problem in the Legislative Committee in that new councilors are added in May when the legislative year of the General Court is half over. It is virtually impossible for the new legislative councilor to effectively represent his district and the Society when he has not been party to the deliberations of this committee in the first 3 or 4 months of the year. Therefore, I propose that the Legislative Councilor's term of office be changed from the Society's annual year to the General Court's legislative year. The councilor would be elected in May, but would not take office until January 1. Another improvement would be to require all districts to nominate an alternate to the Legislative Councilor who would serve concurrently.

Concerning reports of the various committees, the bylaws should require that the names of the members of the committee present at any meeting when business is transacted be published in the report. At present the reports frequently are devoid of this information and the Council doesn't know if a quorum was even present when a vote was taken or a recommendation made.

We have all read of cases of unqualified individuals illegally impersonating as practicing physicians. In order to avoid these occurrences, the A.M.A. will, without charge, verify the credentials of any physician. Therefore, it would be prudent that the bylaws state that the Censors in each district be required to utilize this service in performing their responsibility for determining whether applicants for membership in the Society have complied with the requirements specified for the category in which they are applying. This shall not replace other investigative measures.

The proposed bylaws would add one student councilor from each of the medical schools in the Commonwealth and one councilor from each of the approved specialty sections of the Society. This is a wise move, but consideration should also be given to increasing the quorum of the Council.

There are many other fine details which could be discussed, some are technical and others are relatively irrelevant to the busy physician. However, there are those who, for efficiency's sake, would sacrifice the democratic process with the net result of centralizing power in the hands of a few.

James D. Allan, M.D.

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ANOTHER MILESTONE

It isn't often that the stewardship of the Hampden Hippocrat changes hands. Since its founding more than thirty years ago it happened only three times. The last and most recent change took place several months ago when Dr. Walton E. Stevens was elected as the fourth Editor-in-Chief of our bulletin. This milestone was duly recorded in the Hippocrat of June, 1973.

What should be noted now is that shortly afterward a surprise testimonial dinner was given to the outgoing Editor-in-Chief, Dr. John C. Ayres. Sponsored by the Board of Editors, it was attended also by their spouses, by the officers of the Society, as well as by Mrs. Purdy and Mrs. Willard. All expressed the highest praise for the skill and dedication demonstrated by Dr. Ayres during his seven years at the helm of the *Hippocrat*. Mrs. Ayres also received her share of accolades for "sharing" her husband with our bulletin during these many trying years. As a token of appreciation John was presented with two bound volumes of the seventy issues of the *Hippocrat* he edited during his tenure as Editor-in-Chief. The eloquence and warmth of his spontaneous response will long be remembered by all who attended. The affair was MC'd very ably by Dr. Stevens.

What should be noted also is that we have now a new Assistant Editor, Dr. Philip S. Stoddard. He replaces Dr. H. Bernard Tillman, who for seven years served loyally and diligently in that capacity. Happily, the entire transition from the old to the new administrations was orderly and well planned. Moreover, if we are to judge by Walt's baptismal effort (the June issue) it is obvious that our Executive Committee has chosen wiselv. Dr. Stevens has already shown himself to be capable, energetic and enterprising. Under his guidance the *Hippocrat* is bound to improve its service to our Society and our profession. We must realize, however, that publishing a bulletin is far from being a one-man job. Walt will need all the support we can offer. This support must come not only from the Board of Editors but also from the officers, committee chairmen and, in fact, from the entire membership of our Society.

—Millman

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In Memoriam

DAVID M. HIRSCH, M.D.
1933 — 1973

Doctor David M. Hirsch, of 82 Tecumseh Drive, Longmeadow, Massachusetts, expired in the Massachusetts General Hospital on the 31 August 1973. He was a chest and cardiac surgeon and a member of the Hampden District Medical Society since 1970. He was an assistant professor of Surgery associated with Tufts Medical School and actively taught at the Springfield Hospital Medical Center.

He was born in Berlin, New Hampshire on December 7, 1933, thereby passing the thirty-ninth anniversary of his birthdate. He received his premedical education at Harvard College and earned a bachelor of Arts degree in 1955. His medical education resulted in an M.D. in 1959 from the University of Chicago School of Medicine. His internship year was in the University's clinics and he spent four years in general surgery residencies and an additional year in Thoracic surgery. He received his Surgical Boards in 1966 and his Thoracic Surgery Boards in 1968 and was a fellow in both major societies. He was an associate in chest surgery with Dr. Jacob Shammash. His career was just beginning.

The tributes given to his widow and children from all in our community are the first expressions of lament. More and varied forms will follow to remind them of his uniqueness and contributions to all.

* * *

AUSTIN E. WHITCOMB, M.D.
1908 — 1973

Doctor Austin E. Whitcomb, of 21 Bardwell Street, South Hadley Falls, passed away in the Holyoke Soldiers' Home on 12 July 1973. He was a practicing physician and a member of the Hampden District Medical Society since 1940. He was a medical examiner and a member of the local Board of Health.

He was born in Beverly, Massachusetts on January 27, 1908, thereby passing the sixty-fifth anniversary of his birthdate. His education began in Beverly schools and he was a graduate of Phillips Exeter Academy. Dartmouth College granted him a Bachelor of Arts in 1932 and he received his Doctorate of Medicine from the College of Physicians and Surgeons of Columbia University in 1937. He did three years of post graduate medicine at St. John's Hospital in Brooklyn, New York. He served his state and country from 1942 to 1945 in the Medical Corps of the United States Army and returned to practice in this area. He contributed to the Holyoke and Providence Hospital medical staffs. His practice and acumen extended into our neighboring county of Hampshire.

He was a man and physician who will be missed by family, associates, friends and former patients. The Hampden District Medical Society records his demise with much regret. His contributions to the health and wellbeing of the community will be missed.

* * *

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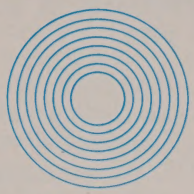

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Editorial . . .

EXEMPLAR—DAVID M. HIRSCH, M.D.

The rabbi called him an exemplar. As one of the physicians involved in his care, I can only agree. Our friendship started late in December 1971, when David provided his insights and arguments for construction of an addition to the Longmeadow High School. My comment, made in March 1972 about his health went unheeded. He was too busy living and caring for his family, friends and patients. In June 1972 he established his diagnosis and an aggressive program of care and management was undertaken and directed by himself. As the battle for the restoration of his health see-sawed over the next twelve months, he continued to live, love and practice. Knowledge of a limited unknown future did not deter him; his sober assessments of himself did not dismiss his eventual demise. But until that point, life was worth fighting for and fight he did. Seventy-two hours before his life ended, we were conversing about the possibility of more radiation to open his obstruction. He had not given up—but was actively planning ahead. An example for all to follow, regardless of the state of their health. David, thank you for the lesson on life. You will be missed!

—Stevens

* * *

The Hampden Hippocrat is the official bulletin of the Hampden District Medical Society and its operation and policies have been set forth in the "Guiding Principles." At the most recent meeting of the editorial board an amendment to these principles was brought forth and discussed. Comment is solicited from the member-readers; the amendment would be a new section and be numbered thirteen and might read as follows:

Section 13:

The Editor-in-Chief, the Assistant Editor and the Secretary/Business Manager shall constitute an "Interim Committee" of the Board of Editors. This committee shall have the authority to act in the interim, between scheduled meetings of the Board of Editors. It shall act upon all matters, subject to review and approval or disapproval by the Board of Editors. Meetings of the Interim Committee shall be held monthly and at the call of the Editor-in-Chief.

* * *

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Artist's conception

HAMPDEN CAPSULES & NEWS ITEMS

The Executive Committee of the Hampden District Medical Society, at its June 1973 meeting, decided to ease the problem caused by members failing to cancel dinner reservations or of appearing without a reservation at the Society's meetings. The following policy was established: to wit—failure to cancel a reservation by midday of the meeting will result in a statement issued against the offender by the Society, for the full cost of the meal; appearance without a reservation *may* require meal selection from the regular menu.

* * *

Yellow page listings of professional corporations under the "Physicians" sections may not be ethical or desirous. Please contact your Executive Secretary, Mrs. Purdy, for further information.

* * *

July 19, 1973

To: Hampden District Medical Society
Springfield, Massachusetts

Dear Mrs. Purdy,

Probably the best attended HDMS Golf Tournament was held July 18, '73 at the Twin Hills Country Club—Longmeadow. Forty men played the beautiful course and thirty four sat down to dinner.

Low gross was William Cloud with 80; Runner up was Donald Wetherbee with 82; First low net, Bruce Alicandri; Second low net, Jessie Hafer with 73, and he was tied with Drs. S. Baum and H. L. Roberts.

Golf balls were given as door prizes.

Respectfully,

for the committee

Harry L. Roberts, M.D.
247 Union Street
Springfield, Mass. 01105

In the past the *Hippocrat* ran a series of hobbies in which its members participated. Should reader interest warrant, a similar series will be inaugurated in January 1974. Please notify the editors if you are interested and the nature of your hobby or avocation.

* * *

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NEWS FOR YOUR
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The Network for Continuing Medical Education
15 Columbus Circle, New York, New York

Beginning with this issue, *The Hampden Hippocrat* will begin publishing regularly the schedules of upcoming medical education programs distributed by the Network for Continuing Medical Education (NCME).

NCME is an educational television service for some 100,000 physicians at over 650 hospitals and medical centers across the country. The hospitals served by NCME in this county:

Providence Hospital, Holyoke; Wesson Memorial Hospital, Springfield.

Every two weeks (monthly during the summer), hospitals in the Network receive one-hour videotapes containing new programs on three or more medical subjects. These programs, predominantly clinical in nature, are approved for accreditation by the American Medical Association and the American Academy of Family Physicians.

Supported by Roche Laboratories, NCME provides programs without charge in most two-inch, one-inch and half-inch reel-to-reel videotape formats. Videocassettes, which may be kept, are optional at a modest fee.

As a supplement to its regular service, the NCME Master Library makes some 600 programs available on a rental or purchase basis.

For further information, contact NCME, 15 Columbus Circle, New York, N.Y. 10023.

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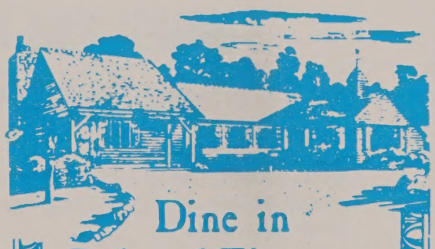

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Schedule of Upcoming NCME Programs

Here are playing dates and upcoming programs to be distributed by The Network for Continuing Medical Education (NCME):

September 24 - October 7

MANAGING THE HYPERACTIVE CHILD, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore Medical Center and Morrisania Hospital, Bronx, N.Y.

U.S. ACUPUNCTURE: STATUS REPORT, 1973 with physicians and scientists from Boston, Cincinnati, Los Angeles and Canoga Park, Cal., New York City, St. Louis and Washington, D. C.

ANTIBIOTIC MISADVENTURE: "THE CASE OF OVERKILL," with Harold C. Neu, M.D., Chief of Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City. (A Drug Spotlight Program feature.)

October 8 - October 21

HOW TO OVERDIAGNOSE PULMONARY EMBOLISM, with Edward H. Morgan, M.D., Head, Respiratory Disease Section, The Mason Clinic, Seattle, Washington.

WHAT YOU AND YOUR PATIENT SHOULD KNOW ABOUT CORONARY ARTERIOGRAPHY, with F. Mason Sones, Jr., M.D., Director of Cardiovascular Medicine and Cardiac Laboratory, and Donald B. Effler, M.D., Director, Department of Cardiovascular and Thoracic Surgery, both of The Cleveland Clinic.

ANTIBIOTIC MISADVENTURE: "THE CASE OF SUPERINFECTION, PAR EXCELLENCE," with Harold C. Neu, M.D., Chief of Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City. (A Drug Spotlight Program feature.)

What! You still don't have an "umbrella" policy?

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Rocky Mountain Spotted Fever Now More Common in the East

CHICAGO—Rocky Mountain spotted fever, a serious illness transmitted by ticks, is misnamed. There are very few cases any longer in the Rockies, but the disease is increasing in the eastern United States.

An article in the current (September) issue of Archives of Internal Medicine, a publication of the American Medical Association, urges physicians in the eastern states and the mid-south to be alert to possible cases of this disease.

Today, the disease occurs much more frequently in the middle Atlantic and south-central portions of the United States than in the Rocky Mountain region. This presents a serious problem, since "physicians practicing in the eastern United States may not maintain the high index of suspicion necessary for early diagnosis of the disease."

Although the disease attacks all ages, it is primarily a problem of childhood. In the Memphis study, the age range was 4 to 55 years, but 35 of the 42 patients were below 16 years. With one exception all cases occurred between the months of April and August.

The American dog tick is the most important means of transmission of the disease in the eastern United States. In the Rocky Mountains it is the wood tick. In 1971, states with highest rates for the disease were North Carolina, Oklahoma, Virginia, and Tennessee, in that order. Idaho and Montana are the only western mountain states to report cases. The fever also appeared in localized areas, including *Cape Cod* and Long Island.

The report is by three physicians from the University of Tennessee Medical School, Memphis: Jose Torres, Ensley Humphreys, and Alan L. Bisno.

9/3/73—An A.M.A. News Release

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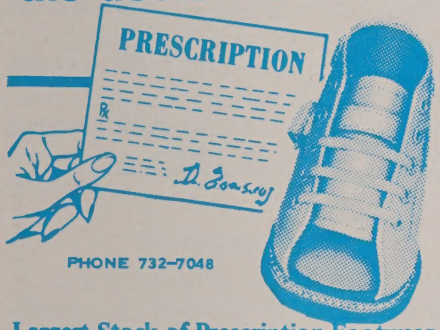

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CORRESPONDENCE & LETTERS TO THE EDITORS

To The Editor:

It is expected that Massachusetts will experience an epidemic of both Influenza A and B this winter. The London strain of Influenza A, which first made its appearance in Massachusetts last winter, will continue and strike particularly those communities which were either spared or had a relatively small incidence of this disease last year. Influenza B has not appeared in Massachusetts for the past three years. Influenza B, which is relatively stable, underwent an antigen drift in late 1972 when two new strains were identified. They first appeared in Hong Kong in December 1972 and have since been recovered in many parts of the world. It is reasonable to expect this new type B influenza to appear in Massachusetts this winter.

Epidemiology

Characteristically, influenza appears *suddenly*, in epidemic form, attacking young and old alike, and almost as suddenly fades away, only to attack another area.

Patients complain of headache, lacrimation, nasal discharge, sore throat, and generalized aches and pains. Fever may be mild to severe. The whole illness usually lasts less than five days. Treatment is supportive. Uncomplicated influenza practically never kills but the disease often paves the way for respiratory invasion by other organisms, particularly the pneumococci, streptococci and staphylococci. Thus, where influenza appears, it is accompanied by an increase in pneumonia and an increase in deaths due to pneumonia.

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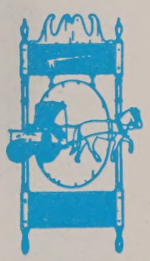

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Immunization

Immunization is advised particularly for the following groups of people:

1. Persons in the older age group—fifty years of age or older.
2. Persons in nursing or convalescent homes, rest homes and other facilities where elderly people may be residing.
3. Persons of any age who have a chronic disease, such as cardiovascular, pulmonary, renal or metabolic disorders. These include patients with:
   (a) rheumatic heart disease, arteriosclerotic heart disease, hypertensive heart disease and congenital heart disease.
   (b) asthma, chronic bronchitis, bronchiectasis, pulmonary-fibrosis, pulmonary emphysema and pulmonary tuberculosis.
   (c) chronic nephritis or other kidney disorders.
   (d) diabetes and Addison's disease.

Influenza Vaccine

Two influenza vaccines will be on the market this season. The first is a bivalent flu vaccine which incorporates the current strains of Type A and the old strain of Type B. The formula for the bivalent flu vaccine follows:

Type	Strain	CCA Units per dose
A	A/England/42/72 (H3N2)	700
B	Massachusetts 1/71	300
Total		1,000

The second flu vaccine is the monovalent Type B which will contain the recently identified Type B influenza virus. Isolation and identification of this new strain of Type B was not completed until it was too late to incorporate it into the current bivalent flue vaccine.

How Administered

Vaccine should be given as soon as possible after September 1, 1973, because flu is expected around Thanksgiving. A single injection of the bivalent vaccine should be administered either for primary or annual booster immunization. The supplemental monovalent Type B vaccine should be administered two weeks or more after the bivalent flue vaccine injection. It is not recommended that it be given simultaneously either in separate sites or mixed and injected in one site because the additional amount of antigen will increase the chance of adverse reactions. Furthermore, separating the two injections by two weeks will enhance the overall Type B antibody response.

Influenza vaccine is approximately 60 to 70 per cent effective in preventing an attack of influenza. However, should one develop influenza after receiving the vaccine, the disease is likely to be milder.

"I TREATED A FEW CASES LIKE YOURS BEFORE, SO I SHOULD HAVE SOME LUCK THIS TIME."

A cartoon's punch line is often a double entendre and perhaps the cartoonist is the one who laughs last and best. This cartoon which seemed quite humorous 15 years ago, now begins to smack of the ridicule to which physicians are now subjected with increasing frequency and fervor. The editors will be pleased to display your favorite cartoon or your letter of comment.

Contraindications

The bivalent flu vaccine is produced in chick embryo and should not be given to those who react allergically to eggs or egg products. Any acute respiratory disease or other active infection is sufficient reason for postponing immunization.

Measures to be Taken During an Epidemic

It is requested that the board of health telephone the Division of Communicable Diseases, 727-2686 or 2687 should an epidemic of influenza strike their community. Any sudden increase in absenteeism, particularly in the school population and industries, warrants an investigation.

Throat washings (garglings with gelatin saline solution in virus isolation outfit or any suitable broth) or nasopharyngeal swabs must be collected no later than seventy-two hours after onset of disease and sent by *messenger* to the Virus Laboratory. If the specimen cannot be delivered to the laboratory within three hours, the tubes should be placed in a solution of wet ice to keep them cool (Virus Laboratory, 305 South Street, Jamaica Plain, Massachusetts 02130). Influenza viruses are *heat labile* and may not survive mailing.

Acute-phase and convalescent-phase blood specimens should be sent on each patient. Serologic tests on acute-phase and convalescent-phase *paired* serums are a most satisfactory diagnostic procedure, and often a more rapid result can be obtained than by virus isolation procedures. This has been especially true in the last two or three years when the new strains of Influenza A were very difficult to isolate. The serums can be simultaneously tested for antibody against several respiro-viruses. Serum may be mailed.

Virus serology outfits and virus isolation outfits may be obtained from the Order Department of the Diagnostic Laboratories, 281 South Street, Jamaica Plain, Massachusetts 02130 (Tel. 522-3702).

If you have any further questions, do not hesitate to contact us.

4 September 1973

Very truly yours,

Nicholas J. Fiumara, MD. MPH
Director
Div. of Communicable Diseases
Mass. Dept of Public Health
600 Washington St.
Boston, Mass. 02111

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Correspondence & Letters to the Editor.....cont'd.....

I wish to summarize the results of the *Hippocrat* meeting of 29 July for the benefit of all. In attendance were Drs. Ayres, Harmand, Millman, Sheffield, Stoddard, Tillman, Zacarian and Mrs. Willard. Absent were Drs. Allen, Bloom, Cox, Greenspan, Simpson and Zadworny.

Alicia Willard presented the financial report. The *Hippocrat* is solvent but there has been no addition to the reserve fund since October 1963, but nothing has been taken out since November 1970. Dr. Millman pointed out that the reserve was less than a year's operating costs and past policy had been to maintain such a level (roughly $950/month x 10 = $9,500; we have $2700). Since revenues are only from advertisements we must *increase* the monthly advertisement income. Rather than raise rates and probably lose accounts, the number of pages may be increased by 4—2 of which will be for additional ads. Your help in suggesting new sources of revenue and advertisers will be appreciated. Other economy measures had been undertaken by Dr. Ayres.

The monthly themes will be maintained.

September	A.M.A.
October	Woman's Auxiliary
November	(open)
December	Religion and Ethics
January	(open)
February	Legislation
March	(open)
April	Annual Reports H. D. M. S.
May	H. D. M. S. new
June	M. M. S.

Deadlines have been set up as follows:

1. Mailing date to readers, 10th day of issue month.
2. All articles for editorial comment, 10th day of month previous.
3. The September mailing date will be the 25th.

The next meeting of the Board of Editors will be held at the Willow Glen House in East Longmeadow on October 3, 1973 at 6 P.M.

Walton E. Stevens, M. D.
Editor-in-Chief

As can be determined by reading the summary of the meeting of the Board of Editors of the *Hippocrat*, the financial state of the bulletin is sound but could be brought into a better state by increasing revenues derived from advertisements. Perusal of other county and state bulletins, similar in scope and size to the *Hippocrat*, reveals that some are utilizing the force of classified ads to augment income. This concept will be discussed at the next meeting of the Board of Editors in October. Your comments, pro and con, are cordially solicited to assist in future editorial policy. It is thought that subject matter will be unrestricted but always subject to direct editorial approval.

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Editorial . . .

FACT OR FABLE: THE FOUR COUNTY HEALTH PLANNING CONSORTIUM ??

The waning of the Summer always provides time for reflection and sets in motion waves of thought and (sometimes) actions not unlike those forthcoming at the turn of the year. Resolutions and policies which were made earlier but often not carried through reassert themselves—viz.; what happened to the four county health planning consortium? Those of us who are actively participating in organized medicine's battle with the numerous forces bent on reducing the power, prestige and position of the American Physician seem only to be heard by our antagonists, but not our fellow practitioners. At all levels, both well meaning laity and health planners and ambitious socialists have been offering their solutions to "the medical crisis." Consumerism is the current catch phrase; the specialist, regardless of degree or amount of training, is no longer sought for his advice. He is prejudged as being biased and only out to line his own pocket. Consumerism often seems to be a carefully chosen substitute word for the proletariat and health planner for commissar. The destruction of or at least the rendering impotent of the intellectual class has been an avowed aim of the revolutionary. His verbal appeals to the masses was and is that they have been denied, suppressed and subjugated; therefore "arise, overthrow the oppressor—but do it my way!" In the capital of our Commonwealth the planners are at work, devising ways and means for the practice of medicine to produce more of the best for everyone, for less!? For example: No one interested in a patient's health and general wellbeing would deny that the stated purposes and goals of the master plan for cancer management and treatment planning are not ideal. But when fully implemented neither the physicians nor the patients will have a free choice of the other. The oncologist will become all powerful, the hospitals will be forced into a system in which they must participate or be denied the license to deliver cancer care. The average patient will vacillate within his 35 mile radius, hopefully his region will be staffed by more than just adequate oncologists. The planners have yet to announce how the distribution of oncologists is to be achieved and/or maintained. What inducements will they offer to provide Springfield and Holyoke with physicians equal to the "eastern medical center" i.e. East of route #128?

In my opinion, organized medicine has failed to rally *before* the fact. All that was said when medicare and medicaid were in the proposal stage was "no, that's socialized medicine." Medicine had not even prepared a counter proposal! Are there no original thinkers in our midst? Men from our own ranks who can look at the health care needs and data for our county and who can provide guidelines and workable regional treatment plans? The four county consortium could provide the proper vehicle for physicians to make known to our patients and to the public our thoughts, feelings and ideas for their health care and management. The four western medical district presidents are strongly urged to throw off Summer's lethargy and create the necessary committees and ways and means so that physician oriented and created health plans can be offered to the public and to the planners. The longer it takes to create the consortium, the more compromised will be its position. Medicine will have again been outmaneuvered. Arouse and do it our way!

WALTON E. STEVENS, M.D.

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THOUGHTS THAT INSPIRE AND ADVISE

Throughout the ages of recorded history, men and women have often been able to crystallize an emotional experience or distill a volume of detail into a few succinct words. Some of these "essences of thought" are inspirational, others sound conservative advice. Each physician, surely has a few words by which he lives and practices. Below are a few of the Editor's favorites. He will be glad to publish yours as well.

"There is a destiny that makes us brothers,
None goes his way alone;
All that we send into the lives of others,
Comes back into our own."

Edwin Markham

"The initiation of all wise and noble things, comes and must come from individuals, generally at first from some one individual."

John Stuart Mill

"Each man is a new power in nature. He holds the keys of the world in his hands."

Ralph Waldo Emerson

"The only freedom which deserves the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it."

John Stuart Mill

* * *

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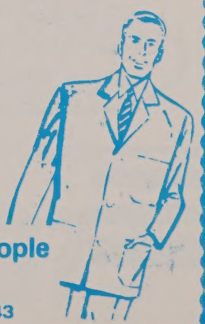

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Notice

A stated meeting of the Council of the Massachusetts Medical Society is to be held at the Highpoint Motor Inn, Chicopee. The meeting will be called to order by President Colcock at 10:00 A.M. on October 10, 1973.

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LEGISLATIVE HOPPER

Washington, D. C. Legislative Roundup — National Scene

Pension Reform Bill Reported . . . The Senate Committee on Finance has reported S.1179, the Comprehensive Private Pension Security Act of 1973. The bill sets forth requirements for private pension plans, including vesting requirements for retirement rights and provisions for the portability of pensions when employees change jobs. The bill further modifies the standards for Keogh trust plans to raise the limit on contributions by the self-employed while at the same time applying this increased limit to certain corporate pension plans such as those established under professional corporations. The Keogh limit would be equal to up to 15% of earned income with a maximum contribution of $7500 per year. The present limitation for individuals is 10% of earned income but not in excess of $2500. There is presently no limit for pension plan contributions for professional corporations.

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